WORLDWIDE HEALTH OPTIONS

Membership Guide

This booklet explains the terms and conditions of the Worldwide Health Options plan. Detailed information such as prior approval, making a claim and moving country can be found in this booklet.

From 1 April 2020 (Release date: 1 January 2021)

bupaglobal.com

Things you need to know about your Worldwide Health Options plan

How your plan works

In this section **you'll** find information on how **your** plan works.

Find out more about:

- **our** service
- what happens if **you** need **treatment**
- **treatment** in the U.S.
- how to claim
- how **you** will be paid

Our service

As a **Bupa Global** member, **you** have access to a number of services to help make **your** life easier.

Round the clock reassurance from our Bupa Global Assistance

Our dedicated Medical Centre gives **you** the confidence of knowing that all **your** medical and wellbeing needs will be looked after by medically trained people who understand **your** situation.

You can call **our** Medical Centre on +44 (0) 1273 333 911 for healthcare advice, support and assistance at any time of the day or night.

What help can you expect?

You'll find **our Bupa Global** Assistance an accessible, knowledgeable and comprehensive resource for all health related questions and concerns. **We** will talk in **your** own language and give **you** access to medical experts and local facilities around the globe.

You can ask **us** for help with*:

- medical referral options and advice
- booking appointments
- medical 'second opinions'
- travel advice
- security advice

* **We** obtain health, travel and security information from third parties. **You** should check this information, as **we** cannot be held responsible for any errors or omissions, or any loss, damage, illness and/or injury that may occur as a result of this information.

If **you** have purchased the Worldwide Evacuation option **you** can ask **us** to arrange evacuations and repatriations, including:

- air ambulance transportation
- commercial flights, with or without medical escorts
- stretcher transportation
- transportation of mortal remains
- travel arrangements for relatives and escorts

Our Bupa Global Assistance teams will handle **your** case from start to finish, so that **you** can always talk to someone who knows what is happening and they will aim to give **you** the support and consistent advice **you** require.

You'll be treated as a valued individual rather than a policy number – **we** believe that every person and situation is different, and **we** focus on finding answers and solutions that work specifically for **you**.

Online support at MembersWorld

To make **your** life easier and save **you** time and hassle, **we** have created an exclusive, secure and password protected members website.

You can log on to **your** MembersWorld website at bupaglobal.com/membersworld from anywhere in the world to manage **your** cover and access a comprehensive library of information and expert advice.

You can use **our** online features to:

- check cover and pre-authorise in-patient and **day-case treatment**
- view **your** plan documents
- update **your** personal details
- track the progress of **your** claims
- search **our** international **hospital** directory
- download claim forms and other useful documents
- talk to **us** using webchat

Get expert health advice from bupa.com

Our health area is full of up-to-date information that can help **you** to stay fit and well. Look up the names of commonly used medicines and find out how they work and any side-effects and alternatives.

What happens if you need treatment

If for any reason **you** need **treatment**, please get in touch with **us** first. **We** can then check **your** cover, talk through any concerns **you** may have and arrange prior approval*.

* **Your insurer** cannot be held responsible for any loss, damage, illness and/or injury that may occur as a result of receiving medical **treatment** at a **hospital** or from a **medical practitioner**, even when **we** have approved the **treatment** as being covered under **your** plan.

Pre-authorisation (Prior Approval)

We want to make sure things run as smoothly as possible. After all, the last thing **you** want to worry about when **you** are not well is filling in forms and paying bills.

That is why **we** ask **you** to seek prior approval before going into **hospital**. It's important that **you** contact **us** before receiving **treatment**, whether **you** are:

- staying overnight in **hospital**
- visiting **hospital** as a **day-case**
- having **treatment** for cancer
- having advanced imaging, for example magnetic resonance imaging (MRI), computerised tomography (CT) or positron emission tomography (PET)

We can then confirm that **your treatment** is covered by **your** plan. **Our** medically qualified staff can also offer advice and help to make sure **you** are receiving the most appropriate care.

Prior approval also allows **us** to be in direct contact with **your hospital** or clinic, so that **we** can take care of the bills, while **you** concentrate on getting well.

When **we** have been contacted about prior approval, **we** will send a pre-authorisation statement to **your hospital** or clinic, to let them know that **your treatment** is covered and ask them to send all the bills directly to **us**.

We will also send **you** a pre-authorisation statement. This can be used as a claim form to send to **us** with the original invoices if **you** need to pay for any of **your treatment**.

From time to time **we** may ask **you** for more detailed medical information, for example, to rule out any relation to a **pre-existing condition**. **We** may require that **you** have a medical examination by an independent **medical practitioner** appointed by **us** (at **our** cost) who will then provide **us** with a medical report. If this information is not provided in a timely manner once requested this may result in a delay in pre-authorisation and to **your** claims being paid. If this information is not provided to **us** at all this may result in **your** claims not being paid.

Important rules: please note that pre-authorisation is only valid if all the details of the authorised **treatment**, including dates and locations, match those of the **treatment** received. If there is a change in the **treatment** required, if **you** need to have further **treatment**, or if any other details change, then **you** or **your** consultant must contact **us** to pre-authorise this separately. **We** make **our** decision to approve **your treatment** based on the information given to **us**. **We** reserve the right to withdraw **our** decision if additional information is withheld or not given to **us** at the time the decision is being made.

How does it work?

Please follow these simple steps:

- make sure **you** take **your** membership card when **you** go for **treatment**
- give **your** card to the admissions staff when **you** arrive and ask them to contact **us** – all the information they need is on the card
- **we** will confirm whether the **treatment you** are having is covered and that **your** membership is in order
- please note: If **you** have chosen to pay a **deductible**, **we** will collect any amount due from **your** bank or credit card
- **we** aim to arrange direct settlement wherever possible, but it has to be with the agreement of whoever is providing the **treatment**. In general, direct settlement can only be arranged for in-patient **treatment** or **day-case treatment**

And that is it. **You** can then relax and have **your treatment** knowing that **we** will take care of the costs for **you**.

Our approach to costs

When **you** are in need of a **treatment** provider, **our** dedicated team can help **you** find a **recognised medical practitioner**, **hospital or healthcare facility** within **network**. Alternatively, **you** can view a summary of benefits providers on Facilities Finder at bupaglobal.com/en/facilities/finder. Where **you** choose to have **your treatment** and services with a **treatment** provider in **network**, **we** will cover all eligible costs of any covered benefits, once any applicable co-insurance or **deductible** amount which **you** are responsible to pay has been deducted from the total claimed amount.

Should **you** choose to have covered benefits with a **treatment** provider who is not part of **network**, **we** will only cover costs that are **Reasonable and Customary**. This means that the costs charged by the **treatment** provider must be no more than they would normally charge, and be similar to other benefits providers providing comparable health outcomes in the same geographical region. These may be determined by **our** experience of usual, and most common, charges in that region. Government or official medical bodies will sometimes publish guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure). In such cases, or where published insurance industry standards exist, **we** may refer to these global guidelines when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** made by an 'out-of-**network**' **treatment** provider will not be paid.

This means that, should **you** choose to receive covered benefits from an 'out-of-**network**' **treatment** provider:

- **you** will be responsible for paying any amount over and above the amount which **we** reasonably determine to be **Reasonable and Customary** – this will be payable by **you** directly to **your** chosen 'out-of-**network**' **treatment** provider;
- **we** cannot control what amount **your** chosen 'out-of-**network**' **treatment** provider will seek to charge **you** directly.

There may be times when it is not possible for **you** to be treated at a **treatment** provider in **network**, for example, if **you** are taken to an 'out-of-**network**' **treatment** provider in an **emergency**. If this happens, **we** will cover eligible costs of any covered benefits (after any applicable co-insurance or **deductible** has been deducted).

If **you** are taken to an 'out-of-**network**' **treatment** provider in an **emergency**, it is important that **you**, or the **treatment** provider, contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. If it is the best thing for **you**, **we** may arrange for **you** to be moved to a **treatment** provider in **network** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a **treatment** provider in **network** only the **Reasonable and Customary** costs of any covered benefits received following the date of the transfer being offered will be paid (after any applicable co-insurance or **deductible** has been deducted).

Additional rules may apply in respect of covered benefits received from an 'out-of-**network**' **treatment** provider in certain countries.

Treatment in the U.S.

If **you** chose to include U.S. cover, **we** have special arrangements in place if **you** need to have **treatment** or be hospitalised or visit a **doctor** while **you** are there. These include access to a select **network** of quality **hospitals** and other medical **treatment** providers with direct settlement of all covered expenses when **you** receive **treatment** in a **network hospital**. To access these benefits, and avoid penalties, prior approval must be obtained for all **treatment** in **hospital** using the same simple process as before.

Please call 844 369 3797 (from inside the U.S.) or +1 844 369 3797 (from outside the U.S.)

When **you** get prior approval for **your treatment** and **you** go to a **network hospital**, all covered expenses are paid in full – direct to the providers of **your treatment**.

This cover still gives **you** the freedom to choose to have **your treatment** at any **hospital**. However, if **you** decide to have **your treatment** at a **hospital** which is not included in the **network**, **we** will only pay **Reasonable and Customary** costs towards the cost of covered **treatment**. Please see the " **Our** approach to costs" section of this membership guide.

There may be occasions when it is not possible for **you** to be treated at a **network hospital**.

These include:

- there is no **network hospital** within 30 miles/50 kilometres of **your** address
- the **treatment you** need is not available in the **network hospital**

In these cases, **we** won't ask **you** to share the cost of **your treatment**.

If **you** choose not to get prior approval for **your treatment** in **hospital**, and **day-case treatment**, cancer **treatment** and MRI, CT or PET scans in the U.S. pre-authorised, **you** will be required to pay 50 percent of **your** covered expenses. Without prior approval, the special arrangements and **network** pricing **we** have put in place for **you** cannot be accessed.

Of course **we** understand that there are times when **you** cannot get prior approval, such as in an **emergency**. If **you** are taken to **hospital** in an **emergency**, it is important that **you** arrange for the **hospital** to contact **us** within 48 hours of **your** admission, or as soon as reasonably possible in the circumstances. **We** can then make sure **you** are getting the right care, in the right place. If **you** have been taken to a **hospital** which is not part of the **network**, and if it is the best thing for **you**, **we** may arrange for **you** to be moved to a **network hospital** to continue **your treatment** once **you** are stable. Should **you** decline to transfer to a provider in **network** (should this be offered to be arranged, where medically appropriate) only the **Reasonable and Customary** costs of any covered **treatment** or services received following the date of the transfer being offered will be paid (after any applicable co-insurance or **deductible** has been deducted).

How to claim

We always aim to settle **your** claim directly with **your treatment** provider. If **we** cannot do this for any reason, please send **us** a claim by post. If **you** subscribe to **our** secure MembersWorld website, **you** can view **your** documents online, upload **your** claims and view **your** claims statement.

To help **us** to settle **your** claim promptly, **you** should include:

- a fully completed claim form
- all the original invoices for **your treatment**

We cannot return original documents such as invoices or letters, but **we** are happy to send copies if **you** ask for these when **you** submit **your** claim.

We may need to ask for extra information to help **us** process **your** claim, for example:

- medical reports or other information about **your** condition
- the results of any independent medical examination that **we** may ask for at **our** expense
- written confirmation that **you** cannot claim against another person or insurer

If this is the case, there will be a delay before **we** are able to make any claim payment.

We will pay for:

- **treatment** and conditions included on **your** plan while **you** are covered by **your** membership
- costs as described in **your** 'Table of benefits' as applicable on the date(s) of **your treatment**
- **treatment** which is clinically appropriate and suitable for **you**
- **active treatment** of a disease, illness or injury that leads to **your** recovery, conservation of **your** condition or to restore **you** to **your** previous state of health
- costs for **treatment** which **you** have received, but not deposits or advance payments for **treatment** to be received in the future, or registration/administration fees charged by the provider of **treatment**
- **Reasonable and Customary** costs. This means that the costs charged by **your treatment** provider should not be more than they would normally charge and be representative of charges by other **treatment** providers in the same area*

* Guidelines for fees and medical practice (including established **treatment** plans, which outline the most appropriate course of care for a specific condition, operation or procedure) may be published by a government or official medical body. In such cases, or where published insurance industry standards exist, **Bupa Global** may refer to these when assessing and paying claims. Charges in excess of published guidelines or **Reasonable and Customary** costs may not be paid.

We will not pay for **treatment** which in **our** reasonable opinion is inappropriate based on established clinical and medical practice, and **we** are entitled to conduct a review of **your treatment**, when it is reasonable for **us** to do so.

How you will be paid

We will pay only one of the following:

- the member who received the **treatment**
- the **main member**
- the **treatment** provider, or
- the executor or administrator of the member's estate

We will pay by either:

- electronic transfer direct to **your** bank account, or
- cheque

Electronic transfers are quick, secure and convenient, and **we** even pay the administration costs for making payments in this way. **Our** bank is instructed to pass these charges back to **us** for payment, but sometimes **you** will still be charged by **your** local bank. If this happens, **we** will refund these costs to **you**.

Any other bank charges or fees, such as for currency exchange, are **your** responsibility, unless they are charged as a result of **our** error.

If **you** wish **us** to pay **you** using electronic transfer, **we** will need the following details:

- full account number
- SWIFT code
- bank address
- IBAN number (if **your** account is held in Europe)

Please include all this information in the payment section of **your** claim form.

If **we** pay **you** by cheque and **you** don't cash it within 6 months, it will no longer be valid. If this happens simply get in touch and **we** will send **you** a replacement.

Which currency will you be paid in?

We will pay **you** in the currency **you** asked for in the payment section of **your** claim form, unless **we** are not allowed to due to international banking regulations, or where this may expose **us** (or **our** Bupa group of companies and administrators) to the risk of any sanction, prohibition or restriction under the laws of any relevant jurisdiction and/or United Nations resolution. If this happens, **we** will pay **you** in the currency **you** use to pay **us**, or, at **our** discretion, such other currency **we** are permitted and able to make payment in, if any such payment is permitted to be made.

If **we** have to make a conversion from one currency to another, the exchange rate **we** use will be Reuters closing spot rate set at 16.00 **UK** time on the **UK** working day preceding the invoice date. If there is no invoice date, **we** will use the date of **your treatment**.

How much will you be paid?

Your benefits are paid in line with the limits shown in **your** 'Table of benefits', and any **deductibles you** may have chosen.

The benefit limits are shown in three currencies (see **your** 'Table of benefits').

The currency in which **you** have chosen to pay **your** subscriptions is the one **we** use to calculate **your** benefits.

There are different types of benefit limits, which are quoted separately for each person included in **your** membership:

- annual maximum – **we** will pay up to this amount for all **treatments** in total, each **membership year**
- money limit – **we** will pay up to this amount for a particular **treatment**, each **membership year**
- visits limit – **we** will cover up to this number of visits or **treatments**, each **membership year**
- lifetime limit – **we** will pay up to this amount (in money or visits) for the whole of **your** membership of this plan*
- single condition limit – **we** will pay up to this amount (in money or visits) for a single diagnosis, each **membership year**

Discretionary payments

Sometimes, in certain situations, **we** may pay for **treatment you** have received which is outside the terms of **your** cover. This is called a discretionary or ex-gratia payment. Any payment that **we** may make on this basis will still count towards the maximum limits on **your** membership. If **you** receive a discretionary payment like this, it does not mean that **we** are required to pay similar costs in the future.

We are not required to pay for any **treatment** or condition that is not covered by **your** plan, even if **we** have paid an earlier claim for similar or identical **treatments** or conditions.

Claiming for treatment when others are responsible

You must complete the appropriate section of the claim form if **you** are claiming for **treatment** that is needed when someone else is at fault, for example in a road accident in which **you** are a victim. If so, **you** will need to take any reasonable steps **we** ask of **you** to assist **us** to:

- recover from the person at fault (such as through their insurance company) the cost of the **treatment** paid for by **Bupa Global**, and
- claim interest if **you** are entitled to do so

If any person is to blame for any injury, disease, illness, condition or other event in relation to which **you** receive any covered benefits, **we** may make a claim in **your** name.

You must provide **us** with any assistance **we** reasonably require to help make such a claim, for example:

- providing **us** with any documents or witness statements;
- signing court documents; and
- submitting to a medical examination.

We may exercise **our** rights to bring a claim in **your** name before or after **we** have made any payment under the membership. **You** must not take any action, settle any claim or otherwise do anything which adversely affects **our** rights to bring a claim in **your** name.

Claiming with joint or double insurance

You must complete the appropriate section on the claim form if **you** have any other insurance cover for the cost of the **treatment** or benefits **you** have claimed from **us**. If **you** do have other insurance cover, this must be disclosed to **us** when claiming, and **we** will only pay **our** share of the cost of the **treatment** or benefits claimed.